KANSAS MEDICAL JOURNAL.

VOL. VI. TOPEKA, KANSAS, SATURDAY, JULY 7, 1894. No. 27.

ORIGINAL ARTICLES.

Rubeola and its Complications.

By J. P. STEWART, M.D., Clay Center.

Read before the Kansas State Medical Association, Atchison, May 4, 1894.

Mr. President and Gentlemen: My subject may seem to you to be one so common, and its symptoms, diagnosis and pathology apparently made so plain by the numerous authors of medicine, that it would be almost impertinent to present it to this body; but having been in the heat of battle, as the soldier says, or, in other words, in an epidemic of rubeola in our county, I shall try and detail to you my experience and present some of the complications that came under my observation, for I assure you that in a practice of twenty-eight years I have never seen so many different phases as have been presented to my view of this disease during the past sixty days.

Rubeola — An exanthematous disease, characterized by prodromic symptoms lasting three or four days of coryza; fever ranging in temperature from 101 to 104 F., pulse 100 to 130; inability to bear light; cough; furred tongue; hoarseness; slight sore throat, and general feeling of malaise, followed in three or four days by bright pinkish rash of crescentic form appearing first on face and gradually spreading to neck and breast, and so on down over the body and lower extremities, lasting from three to five days, and gradually fading as it began, with moderate desquamation, or, in some cases, none. This, I believe, is about the statement that is made by our best authorities.

I will now proceed to detail to you some deviations from this rule, and, while it caused me a little anxiety, I will do this for the benefit of our younger practitioners, and may be the means of lightening their burdens.

Case 1, E. J., a boy 6 years old, was taken sick with fever; cough; weak eyes; tongue coated; some slight sore throat; bones aching. In other words, had every symptom of measles. From third to fifth day temperature ranging from 101 to 103 F. I gave all the usual remedies with no effect, until the ninth day, when rash appeared. Temperature 104, with severe lung symptoms and great tenderness over stomach and bowels, with vomiting. After second day of rash, symptoms, such as fever, pain in chest, and tenderness over stomach and bowels, began to subside and he made a good recovery.

Case 2, Mrs. P., in whose family I had three children with measles, ranging from 10 years to 5 months. Children recovered without any unusual symptoms. Mrs. P. had had measles when a girl old enough to recollect it well. Was taken sick with all the usual symptoms of measles; high fever; could not bear light in a room; hoarse cough; great soreness over chest and coryza; symptoms lasting three days, when rash appeared in fauces and never on body. I thought, however, I could discover a few crescentic spots over the chest after having it reddened by the continued application of mustard and flax-seed poultices.

Mrs. G. P. R. Three children had the measles. About time of recovery of last one Mrs. R. taken with all the symptoms of measles. Third day rash in fauces, which faded in three days; also all other symptoms

disappeared.

H. E. Family all had measles. Last one to take the disease baby, 14 months old; symptoms regular up to fifth day of rash. When rash had nearly faded pulmonary symptoms set in. Temperature 105, pulse 140, respiration 60, which continued for five days. Prognosis unfavorable. Treatment: Camph. tr. opii., to control restlessness; calomel triturates, three per day of one-fourth grain; flax-seed and mustard poultice; whisky and digitalis. Rash appeared again after retrocession on the fourth day. The fifth the child began to improve; respiration dropped to 40, and so on down until recovery.

J. L., 19 years old, was taken with usual prodromic symptoms of rubeola, which lasted up to the sixth day, when in addition appeared pain in right iliac region, with gurgling on pressure; abdomen tympanitic, temperature 105, pulse 120; symptoms continued for forty-eight hours, then typical rash appeared and serious symptoms subsided; also had very sore throat, followed by considerable exudation over tonsils.

Maud R., 5 years old, had usual prodromic symptoms of rubeola; rash at third day, lasting four or five days; was taken with double lobular pneumonia; respiration 60, temperature 103 to 105. Extreme congestive headache, which sedatives had no effect in allaying, rather making it worse. Bromides had no effect. As dernier resort, at the suggestion of my partner, Dr. Scott, I put her on fluid ext. ergot, commencing with ten-drop doses every four hours; after second dose we increased to fifteen drops every four hours, with perfect amelioration of headache and general improvement. One other peculiarity in this case was the reappearance of the rash, followed by complete recovery. And I will say here, that I have used ergot in other cases when there was congestive headache, with the most happy result. Other cases I might detail to you today, but I have given sufficient to cover all the peculiarities of those that have come under my observation. Now, gentlemen, I have not gone into deep pathology, cause and effect, etc. I have consulted no authority on the subject, but have simply detailed to you my experience. It may seem simple to the older men of the profession, but if it does some good to the youngest I am content.

Now, I am going to give you my differential diagnosis of some of the exanthematous diseases as I have observed them, and I do not believe that there is a subject in the whole practice of medicine that has required more research on the part of the student and practitioner than this question.

First—Rubeola; prodromic symptoms, lasting three to five days before rash; other symptoms already defined. Except in occasional complications, may extend to ninth day.

Scarlatina—Prodromic symptoms, lasting twelve to twenty-four days; high fever; vomiting; sore throat; albumen in urine; followed by red diffused rash, commencing on neck and breast. Symptoms continue with desquamation and liable to acute nephritis following.

Rotheln, or German Measles.—A simple disease with oftentimes severe prodromic symptoms; temperature seldom above 102, but I have seen it 103; some coryza; slight sore throat; pulse not much accelerated; rash appears often with first symptoms, and occasionally, there is vomiting. And one diagnostic symptom that I wish to call your attention to you will find in Birmingham's Encyclopedic Index of Medicine and Surgery, by C. B. Keatly, and that is that in all cases of rotheln the cervical glands, back of the sterno-cleido-mastoid muscle, feel as large as buckshot, and from that to the size of a hazelnut. I will mention none of the other exanthemata, as they cut no figure in our differential diagnosis of the disease under consideration.

GUAIACOL seems to be developing therapeutic properties in several directions. The latest report gives it some prominence as a local anæsthetic, especially in appendicitis.

Kansas Medical Journal.

PUBLISHED WEEKLY.

SUBSCRIPTION PRICE, INCLUDING POSTAGE:

Per annum, in advance..... $1 00
Single copies..... 15 cents

Subscription may begin at any time. The safest mode of remittance is by bank check or postal money order drawn to the order of the undersigned. When neither is accessible, remittances may be made at the risk of the publishers, by forwarding in Registered Letter. Address

KANSAS MEDICAL JOURNAL,
723 Kansas Avenue.

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Topeka, Kansas, Saturday, July 7, 1894.

The Urine in Insurance Examinations.

In many of the insurance orders which have now become so numerous in the country, no examination of the urine is required of the medical examiner, and in one of the largest and oldest fraternal orders, namely the A. O. U. W., not until the last meeting of the Grand Lodge was a urinalysis required only in exceptional cases. That laxity in the rules governing the medical examiner affects the death rate there can be no question. A simple statement of the color, reaction and specific gravity of the urine does not constitute a urinalysis, and is no guarantee whatever of the condition of the kidneys. It is claimed that traces of albumen do not indicate serious mischief, and should not debar the applicant from the benefits of insurance. It seems unnecessary to explain the dangers of such a policy. The trace of albumen may be the first evidence of serious mischief, and because the trace sometimes disappears should not make us less careful of recommending such cases. In mutual associations the loss is always borne by the members, with whom the medical examiner is usually associated, and it seems he should be alive to his own interests as well as the interests of the order. That the fee received is insufficient recompense for a careful examination does not by any means justify the examiner in recommending as sound a candidate that he has not thoroughly examined. A rule which seems to have been accepted by many insurance orders that a normal specific gravity is inconsistent with either albuminuria or glycosuria, is not by any means without frequent exception.

The next question that suggests itself is, What should be considered a sufficient examination of the urine? A chemical test for albumen and sugar is all that is required for any of the insurance orders, but is that sufficient? The careful diagnostician does not depend upon such superficial tests for his information, and the medical examiner should be a careful diagnostician. A single test for albumen should not satisfy us of its absence, nor should its absence be positive proof of the soundness of the renal function without a careful microscopical examination. Such examinations require time and study and should be properly paid for. The additional protection which would thus be afforded the applicant for insurance as well as the brotherhood already insured would well be worth a generous fee. Few men have confidence in the soundness or stability of an order whose examiners are careless in their examinations. The cost of insurance is being rapidly reduced to a minimum and with increased facilities for admission new and better safeguards should be provided for the protection of the insured, and in no part of the work can these be better provided than in the medical department.

DR. SAGE says steam and lime are the most effective disinfecting agents we have.

Physicians and the Strike.

During the present crisis in industrial affairs, characterized as a war between capital and labor, the question arises as to the status of those who rightly belong to neither class —the doctor, the lawyer, and the merchant. As a class these have none of the distinctive characteristics of either capitalist or laborer. Though non-combatants in these controversies, they are nevertheless the greatest sufferers. The doctor, because he has imbibed those humanitarian principles, which it is supposed renders him oblivious of his own need, conscious only of the suffering, the wants and miseries of others, must sympathize with the laborer. It is a strange position, with sympathy and pity on one side but with law and justice on the other.

The doctor's sympathy must be with the striker, because it is there he sees the suffering. It is with these he sees the want and misery and disease. To them he extends his pity because he must see the futility of the struggle, the hopelessness of the cause and the inevitable results. Who can better appreciate the condition of the poor than the physician whose care they become? Every strike adds torture to suffering, starvation to hunger, and death to disease. That corporations are heartless is no doubt true, but that their employes are thoughtless is nowhere better evidenced than in the frequent strikes which have interrupted commerce, destroyed confidence, and pauperized themselves. The principle upon which this war is waged is as fallacious as the reasoning by which they enlist support. The same principle applied to the physician or the merchant meets with denunciation and cries of oppression. Though the physician is a laborer in another field and a necessity to the rich and the poor, he can enlist no sympathy in a strike for better pay or shorter hours. When his employers refuse to pay the fees he demands he can withhold his services, but his neighbor may take his place without opposition. He has no recourse for protection. Suppose the physicians in the State of Kansas should refuse to answer all calls until the Legislature passed the medical practice act, what a commotion there would be. Would it be less reasonable than the present strike, which threatens to tie up not only the great railway systems but all other business as well?

The physician must submit to all the losses and inconveniences occasioned by these repeated trials of strength between capital and labor, yet take no hand in the contest.

The Patent Medicine Clause.

Some criticism has been offered to the action of the convention in leaving out the part of the medical bill referring to patent medicines. That it would be advisable to compel all makers of secret or patent preparations to expose the formula on the bottle was as evident to the members of the convention as to anyone. The passage of the bill as it will be presented will require the united efforts of the whole profession, and the measure which will cause the least opposition is the most certain to succeed.

With the clause referring to patent medicine we could well expect the opposition of the pharmacist, the dealer and the consumer. Most of us who know anything of previous attempts to secure medical legislation will be satisfied for the present, at any rate, if we succeed with the bill proposed.

DR. ADLER recommends the following ointment for fissure of the anus:

℞

Ext. conii	ʒ ij
Olei ricini	f. ʒ iij
Ung. lanoline	q.s. ad. ʒ ij

A small quantity of this ointment should be smeared on the part five minutes before expecting a motion and again after the bowels have moved.

Treatment of the Night Sweats of Pulmonary Tuberculosis—Personal Cases.

BY HENRY CONKLING, M. D.,

Assistant Visiting Physician, St. Peter's Hospital.

For some five years past I have carefully conducted a series of experiments to test the efficacy of certain drugs in the treatment of the above condition.

Of all the multitudinous symptoms which pulmonary tuberculosis presents, with all the vagaries that these manifest in the clinical histories of individual cases, there has been no condition which I have found easier to combat with success than the night sweats. I make this statement without qualification, and without hesitancy, especially at this time, when my cases have grown to a large number.

In the first part of the series the fact was repeatedly noted that in severe cases with marked sweating the symptom, under treatment, soon diminished, and in a comparatively short time entirely disappeared, so that early in the tests the line of observation became two-fold. The object was not only to use the most successful drugs, but also to ascertain which of these produced the diminution and the cure of the sweating with *the least injurious or unpleasant after-effects.*

Certain of the remedies that are regarded as anidrotics leave their impression on the patient, as shown by the condition the next morning. Either the vascular system direct, or the vascular through the nervous, will be affected. Or some disturbance may result in the stomach or intestines. This is the more objectionable as a perfectly acting alimentary canal is the safeguard of every case of pulmonary tuberculosis.

I am aware that many cases of pulmonary tuberculosis in hospital practice are admitted in such a bodily condition that every system is working imperfectly; and that with improvement in surroundings, proper food and good nursing the general condition improves. With this improvement may come some changes in the special symptoms of the disease. Sweating is sometimes one of these conditions. Yet, on the other hand, we find, in private, cases where this rule is not present.

I have been careful, therefore, not to include in this report any cases where general improvement soon came, and where the sweating might have disappeared without special treatment.

The object has been to test individual drugs. *No combinations have been used.* Many remedies have been employed; eight only are reported, these having had the largest number of administrations.

1. *Aromatic Sulphuric Acid.*—This is at times a useful remedy. It possesses some marked disadvantages. It could not be used for any length of time; it frequently produced constipation, and it interfered, after a time, with some special lines of treatment devoted to the pulmonary lesion.

The remedy was given in sweetened water; or, if not objectionable to the patient, in water alone. The dose used was m. x or m. xv at bedtime (one dose); or it was given in three doses, in m. vii to m. x each dose. The first of these was given in the late afternoon, the second in the early evening, and the third at bedtime. The latter method was found the better.

This remedy diminished the sweating in all the administrations, but stopped it in less than half. But it never stopped the sweating at once; diminution always came before cessation.

2. *Camphoric Acid.*—Camphoric acid was found to be very uncertain in its action. Its successes and failures did not seem to bear any relation to particular cases. It sometimes would succeed where before it had failed. It had no after effects.

The dose given was gr. xxx in water at bedtime.

This remedy had a large number of failures. It diminished the sweating in a very few; and was successful in a little over one-third of the administrations. But, even in some of these the perfect cutaneous dryness

of some other remedies was not noted.

3. *Chloralamid.*—This was found to be a very important and valuable remedy. Mention of its use as an anidrotic has appeared in print several times. My own knowledge of its power in this direction was obtained by accident soon after its introduction into the American market. The drug was being used in tubercular patients as a hypnotic. The patients, after giving their answer as to the effect of the "sleeping medicine," would frequently say that the sweating was less or absent. This was repeated so many times that finally the drug was tested. It was found to produce sleep, stop cough and stop sweating. It had no disadvantages, either producing the desired result or being inert.

Chloralamid was given in one dose of gr. xxx or gr. xxxv., at bedtime, either in powder or in the form of Schering's elixir.

The remedy diminished the sweating in less than one-fourth of the administrations, failed in about the same number, and succeeded in over one-half. Even in severe cases the first administration was frequently successful.

4. *Muscarine.*—This was the least successful of all the remedies. It had no after-effects. Indeed, judging from the action of the chief members of its family, one would expect rather some favorable vascular or nervous action.

It was given in pill form at bedtime, in doses of one-sixtieth of a grain.

This remedy stopped the sweating in only 20 per cent of the administrations: failed absolutely in 40 per cent and diminished it only slightly in the remainder.

5. *Oxide of Zinc.*—The experience with this drug showed that there was no particular idiosyncracy required on the patient's part to produce the good results. It was also interesting to note that the element of time was not needed. It was not necessary to use it in repeated doses to produce the effect desired. In many cases the first administration would stop the sweating. Bnt if the first few doses were not successful, the latter ones seldom were. Another feature in this drug was that, when other remedies had failed, the first dose of the oxide of zinc would be frequently successful. It had no after-effects.

It was given in pill form at bedtime in does of gr. ijss.

This remedy stopped the sweating in two-thirds of the administrations, the others somewhat reduced it, or failed entirely.

6. *Agaricin.*—This was the most successful of all the drugs. It produed most excellent results in young subjects. Under its use the skin remained in a dry condition, without suspicion of any kind of cutaneous activity. It was very successful in cases where, during its use, the sweating had disappeared, and had returned after the drug had been discontinued for a time. Repetition did not weaken its power. Of all the remedies it acted best in the first few administrations. Subsequent ones sometimes failed. It can be used for any length of time and has no disadvantages.

Agaricin was given in pill form, gr. 1-12; one pill at bedtime, or a pill late in the afternoon, and a second in four or five hours.

This remedy diminished the sweating in one-eighth of the administrations, stopped it in three-fourths, and failed in the remainder.

7. *Atropine.*—The study of these cases has shown that atropine and belladonna are not the best anidrotics. They are frequently used in a routine manner. In these cases some difference in their action was noticed. Atropine is a powerful heart drug and acts on that cardiac nerve, the branches of which it is not always best to stimulate in pulmonary tuberculosis. It has after effects. Restlessness, insomnia, disturbing dreams, modifications of secretion were noted. Even the good effects of checked perspiration were sometimes counterbalanced by these disadvantages.

It was given in tablet or in solution in doses of gr. 1-60, or less.

This remedy diminished or stopped the sweating in over two-thirds of the administrations.

8. *Tincture of Belladonua.*—This remedy possesses some of the disadvantages of atro-

pine. Delirium was caused by it (idiosyncratic). The distressing symptoms of laryngeal tuberculosis were increased by it. Diarrhœa was increased where intestinal ulceration accompanied the throat lesion.

The dose used was m. vii or m. x, commencing in the afternoon and giving two or three doses.

This remedy stopped the sweating in 70 per cent of the administrations, diminished it in 20 per cent, and failed in 10 per cent.

The above brief report deals with some of the points recorded during the treatment of the cases, The smallest possible dose was always used. At present with other remedies the same line of investigation is adopted. But with the above, if the first few administrations do not stop the sweating, another drug in the list is at once tried. Agaricin has given the best results. It must be of the purest quality.

Technique of Intra-Uterine Injection.

Dr. Gatten, in Jour. de Med. de Paris.

In the technique of intra-uterine irrigation two conditions are recognized, according to whether, the operation is done immediately after delivery, or during the parturient state. Immediately after parturition there is required for the operation only an antiseptic intra-uterine douche-nozzle, a fountain syringe, and a douche-pan. The patient should be placed in the dorsal decubitus, thighs and legs flexed. Before introducing the intra-uterine douche-nozzle, the whole of the patient's genitals should be rendered aseptic, and she should be given an aseptic vaginal douche. The intra-uterine douche-nozzle is guided through the cervix by two of the operator's fingers introduced in the vagina, the stream of water being allowed to flow before the nozzle reaches the cervix. During the introduction of the douche-nozzle care should be taken not to cause the patient the slightest pain, for the presence of pain is usually a good indication that the nozzle is not following the course of the uterine canal. As soon as the instrument is well in the uterus the operator's left hand should be placed upon the patient's abdomen in order to guide the instrument in the uterus. The reservoir should be placed but twelve or eighteen inches above the line of the bed, in order that the force of the water shall be just sufficient to insure a return flow, but not strong enough to injure the uterine walls; this is one method to prevent the entrance of air into the uterus. An intra-uterine injection should never last longer than ten minutes, and, on withdrawing the douche-nozzle, the vagina should be thoroughly irrigated. All the solution remaining in the uterus or vagina should be expelled by pressure upon the uterus.

During the parturient state the introduction of an intra-uterine douche-nozzle is usually more difficult than immediately after parturition, as there is a tendency for the cervix to contract. The method of introduction is consequently a little different. The position of the patient is the same, the dorsal decubitus. The operator should always remember to correct the normal anteflexion of the uterus before attempting to withdraw the douche-nozzle. As the operation at this stage is more painful, an anæsthetic is necessary, and chloroform is most frequently used. After thorough disinfection, the anterior lip of the cervix is seized by a tenaculum, or forceps, and drawn toward the vulva. Drawing down the uterus straightens the uterine canal, and the intra-uterine douche-nozzle can be introduced without difficulty, and prevents injury to the uterine wall.

THE *Medico-Surgical Bulletin* is waging a hygienic war on double beds. Single beds are without doubt more conducive to health and perhaps less conducive to the rapid increase of population.

ACETATE of copper has been recommended as a cure for tuberculosis. It is used externally, internally, and hypodermically.

The Treatment of Severe Albuminuria Associated With Pregnancy.

The Medical Press.

In a paper read before the London Obstetrical Society, Dr. Herman concluded a valuable series of observations on albuminuria associated with pregnancy and labor. Every practitioner who observes his cases must have noticed that there are at least two main groups of kidney disease in this association. Albuminuria in a more or less marked degree is a very common complication of pregnancy, but in a large proportion, the majority, of the cases it does not lead to any of the graver symptoms to which pregnant albuminuric women are liable. In a certain number of such patients, however, not only is the disease acute in its onset and violent in its manifestations, but we get the dreaded eclamptic convulsions which theaten the life of the mother and jeopardize that of the unborn infant. The risks dependent upon the renal disease are, then—first, the life of the mother; secondly, that of the fœtus; and, lastly, the danger of the acute phase giving place to a chronic form of Bright's disease after delivery. The main points which still call for discussion are the means of distinguishing between the cases which are likely to comport a grave sequel and the best method of odviating the danger of usual defects and renal disease as a sequel. Dr. Herman tells us that the acute form attacks mainly women who are pregnant for the first time, and he points out that when the albumin in the urine consists mostly of serum albumin the prognosis is grave. It is, therefore, necessary, for the practitioner to accustom himself to testing for the presence of paraglobulin as compared with serum albumin. One of the common symptoms associated with the albuminuria of pregnant women, as in albuminuria from other causes, is failure of vision, attributable to the presence of albuminuric retinitis, and possibly sub-retinal hemorrhages. In the graver cases this may go on to complete loss of perception of light. Although in most cases the cæcity passes off more or less when delivery has been safely accomplished this is by no means always the case, and the preservation or protection of sight becomes one of the points to which treatment must be directed. Now, the treatment of the albuminuria of pregnant females is practically confined to the induction of premature labor. As soon as the uterus has been emptied, the symptoms usually promptly subside; indeed, the promptness of this subsidence is one of the most remarkable features of renal disease associated with pregnancy. The speakers, in the discussion that followed, accepted this conclusion, and did not hesitate to recommend that the uterus should be emptied forthwith in all really serious cases of albuminuria associated with pregnancy. The child is sacrificed, it is true, but its chances of survival in the presence of eclampsia, or even of severe albuminuria, are small indeed, so that this fact cannot and ought not to be allowed to weigh in the balance, especially as the mother is thereby rescued from one of the most terrible complications that can threaten the pregnant woman. Then, too, in the cases presenting indications of albuminuric retinitis. These are always severe cases, and most of them die if left unrelieved. Moreover, the further the case is allowed to go on the greater is the damage done to the delicate structures of the eye, and the greater are the risks of permanent impairment of vision. This is a serious point well worthy of consideration, and in future obstetricians will be well advised if they adopt the suggestion to empty the uterus as soon as, at latest, opthalmoscopic examination reveals the familiar and easily recognized signs of albuminuric retinitis. There remains as an additional reason for adopting this course the fact that even in women who either do not have, or who survive, the fits, the kidneys do not always recover from the disturbance to which they have been subjected, and the patient not unfrequently remains the victim of chronic Bright's disease. On these grounds, therefore, severe albuminuria ought to be added to the list of indications for the induction of premature labor without waiting

for the supervention of eclamptic convulsions before coming to a decision. This is not a specialists' question. It is one which any practitioner may be called upon to consider at any moment, and it is to be hoped, in the best interests of his patient, that he will henceforth recognize the extreme and manifold gravity of the risks attending the continuance of albuminuria in pregnant women.

Diagnosis of Pregnancy.

Provincial Medical Journal, 1893, No. 140.

Lawson Tait, in a clinical lecture, points out the great difficulties experienced in obtaining truthful and correct histories from illegitimately pregnant women, and the great caution to be exercised by the obstetrician examining such patients. Several interesting cases are reported from his great experience, in which he himself and others have had but narrow escapes from grave errors in diagnosis through the untruthful histories given by patients. In closing, he recommends the greatest care to be exercised, particularly in regard to the matter of asking questions as to the absence of menstruation. A question should be put in as casual a manner as possible as to when the last period took place; if within a month, exercise the utmost caution to prove that the case cannot be one of pregnancy. The great probability is that it is not one; but the patient may be untruthful, and even regularly recurring menstruation is not incompatible with pregnancy. If the answer given is to the effect that the last period was some months previous to the date of examination, and if the abdominal tumor is of a size which would be that of a pregnant uterus of corresponding date, the chances are infinitely in favor of pregnancy. It should also be ascertained whether menstruation was regular previous to its cessation, and if the ceasing was an abrupt one. If the latter, and the previous menstruations have been regular, the certainty of the diagnosis of pregnancy is complete. If the previous menstruations have been irregular and the cessation not sudden, the history altogether fails, and may be entirely neglected. It should be borne in mind that the adolescent anæmia of young girls suspends their menstrual flow almost invariably, but it does not necessarily interfere with their productive capacity.

The diagnosis of pregnancy is a perplexing question not only in the illegitimately pregnant woman. Even in cases where the patient gives an honest history as far as it is in her power, it is sometimes impossible to tell before the movement of the child is felt. The most careful physicians slip up once in a while on this point, sometimes in what appear to be positive cases.

Unless all the signs of pregnancy are present the less a physician says previous to the 4½ months, the better for his reputation in this line.

Surgical Shock.

New York Journal of Gyn. and Obst., March, 1894.

Noble defines shock as "a condition of the body which is characterized by feebleness and rapidity of action of the heart, by the shallowness and frequency of respiration, by the lowering of the temperature of the body, and by the lessened activity of most of its functions. Intellection, digestion, and the secretion of urine are all more or less in abeyance. It is probable, also, that the processes of assimilation and metabolism are profoundly interfered with. Perspiration is usually free, the body being covered with a cold, clammy sweat. This, however, is due not to the increased activity of the sweat glands, but rather to an arrest of the activity of their cells, so that they simply act as strainers for the watery part of the blood to pass through them."

Injuries to special parts of the body are liable to produce shock, viz., the testicle and urethra in the male, the ovary in the female, and the abdominal viscera. Among the most important symptoms of shock are rapid and feeble heart action, contraction

of the capillary vessels, slow, shallow, respiration, and subnormal temperature.

The indications in treatment are to counteract these conditions. First, preventive treatment of shock. It may be either avoided or lessened in degree, except in emergency cases and when the progress of a disease is rapidly downward. Preparatory to operation the patient's bowels, skin, and kidneys should be regulated by mild cathartics, baths, and the free ingestion of water. Cheerfulness should be encouraged. At the time of the operation the temperature of the room should be from 75° to 80° F., and the patient wrapped in blankets. The use of wet towels or gauze about the patient should be avoided, as evaporation from them abstracts vital heat. Cautious administration of the anæsthetic and the prevention as far as possible of hemorrhage and rough handling of the viscera are of great importance.

The active treatment of shock consists in the application of heat to the body, stimulation of the heart and respiratory centers, and the dilatation of the capillary vessels, until reaction shall occur. At the commencement of shock he advises the hypodermic injection of one-fifteenth of a grain of strychnia and a fiftieth of a grain of digitalin, the dose of strychnia to be repeated every fifteen minutes until one-fifth of a grain has been given. If improvement does not occur promptly, or, if the shock is profound, one-hundredth of a grain of sulphate of atropia and two or three minims of a one per cent. solution of nitroglycerine may be given hypodermically, and three to six grains of citrate of caffeine may be administered in addition. Hot water may be poured into the peritoneal cavity if open. Enemata of hot beef tea and whisky may be given, more serviceable after the operation, as they may, by distending the colon, interfere with it. He also uses morphia in eighth of a grain doses if the patient complains of pain. When shock is marked, yet not so profound as to be alarming, within half an hour strychnia may be pushed to one-fifth of a grain, atropine to one-fiftieth of a grain, digitalin to one-twenty-fifth of a grain, caffeine to five grains or more, and nitroglycerine to one-fiftieth of a grain. Dry heat is to be continued throughout. He says: "In a marked case it is my habit to give the following order: To give hypodermically sulphate of strychnia one-thirtieth of a grain, one hour; tincture of digitalis fifteen drops, with one-fiftieth of a grain of nitroglycerine, the next hour; three grains of citrate of caffeine the third hour; and an enema of whisky two ounces, and beef tea six ounces, the fourth hour. This order I have carried out many times for twenty-four, forty-eight, and even seventy-two hours."

Diet in Shock.—Immediately after the operation hot black coffee or beef tea may be given in small quantities. When the stomach becomes more retentive, peptonized milk, broths, eggnogs, and punches, may be given. The food should be administered in small quantities and often. Under ordinary conditions, after a cœliotomy unaccompanied by shock no food should be given for from thirty-six to forty-eight hours, but with shock it is desirable to administer nourishment as early as possible.

Shock lasts from one to three days, and may even extend to six, the patient being in a state of asthenia. It can be relieved only by alimentation and the use of nerve and heart stimulants. Inhalation of oxygen is often of service in these protracted cases.

Antitoxic Function of the Liver.

The London Lancet.

Those acquainted with the views propounded by Prof. Bouchard will be conversant with his ideas concerning the poison-destroying properties of the liver; he and his followers attach great importance to the power of the liver-cells to nullify the effects of the toxines manufactured in the intestines. The correctness of this is apparently corroborated by Schiff, Heger, Roger, and others, who found that alkaloids injected into the branches of the portal vein were much less toxic that when introduced into

the general venous circulation. M. Pavlow, by means of a ligature placed on the portal vein, found the blood was compelled to deviate from the liver and pass directly into the general circulation, when poisonous symptoms appeared—fever and nephritis with albuminuria. That this nephritis is not due to hypertension of the blood in the renal vessels was evidenced by the fact that no such kidney trouble is caused by ligature of the inferior vena cava, although this manœuvre is productive of a greater tension in the renal vessels than the operation in question. A wound artificially produced in an animal whose portal vein has been tied heals very slowly, whereas a similar wound in an animal where the inferior vena cava has been ligated cicatrizes without difficulty. The conclusion is that, if the blood is prevented from passing through the liver, toxæmia occurs, due to the fact that the liver no longer plays a protective role against toxines, which are being continually fabricated in the intestinal canal.

The Urine.

Medical Times.

The solid urine is the true urine; water is only the vehicle, and represents but a secondary element. One patient, for instance, who apparently passes a great deal of urine, in reality passes but little, for the enormous amount represents almost exclusively water, while another patient, despite a considerable difference in the quantity of liquor excreted, really urinates sufficiently, because his urine contains a large amount of solid material.

FROM the reports of the last meeting of the American Medical Association it seems the East was not very well represented, especially in the official honors. It is not absolutely necessary that the honors of the association be perpetually given to New York and Philadelphia, and we are pleased that a few at least reached the outside.

Tea and Coffee.

Medical Examiner.

Experiments confirm the view generally expressed by physicians that coffee long boiled prejudices digestion, while a simple infusion facilitates it; but its beneficial action in the latter case is now shown to be due, not to direct chemical action on the albumen present, but indirectly to its action on the nerves of the stomach, promoting the secretion of gastric juice. In other words, its action is physiological, not chemical.

Turning now to tea, he finds its constituents very nearly similar. The tea leaves also contain caffeine (called also theine), aromatic substances, and tannin. Consequently, in tea, as in coffee, the properties of the beverage depend very much on whether it is an infusion or a decoction.

The problem is very simple. The traveler on the march will find himself benefited most by the caffeine, and to secure this the coffee must be brought to, and maintained for a few minutes, at the boiling point. But to take boiled coffee after a full meal impedes digestion and heightens the heart's action unduly. On the other hand, an infusion of tea or coffee, taken at such times, facilitates digestion and exerts a wholesome and exhilerating action on the nervous system. Long boiling, or stewing near the boil, of either tea or coffee, brings out all the tannin, which is always prejudicial to digestion. As a consequence, the practice of keeping tea or coffee hot upon the stove, is a pernicious one.

Guaiacoline.

TOPEKA, KAS., June 22, 1894.

KAW PHARMACAL CO.—Dear Sirs: Sorry I was not in when you called. I have used "Guaiacoline" and find it very satisfactory. Think it a combination of great value and shall use it more and more and can heartily recommend it. Sincerely,

S. G. STEWART, M.D.

The prevention of Tuberculosis.

The Pennsylvania State Board of Health, at a recent meeting, adopted the following timely resolutions:

Resolved, That it is the sense of the State Board of Health of Pennsylvania that the time has come when the State should provide hospital accommodations for persons suffering from pulmonary tuberculosis in the case of those who cannot be properly cared for in their own homes, and who through carelessness might be dangerous to the community at large. It is believed that the establishment of such hospitals might be of great value in educating the people.

Resolved, That it is the sense of the State Board of Health of Pennsylvania that all inmates of prisons, reformatories, almshouses, hospitals, schools, and other public institutions be vaccinated immediately on admission.

This action is in the spirit of progressive and preventive medicine, and should be the precursor of legislation looking to the enforcement of the views so well expressed.

THE KANSAS MEDICAL JOURNAL has appeared as a weekly during the past six months. It seemed a dangerous experiment to change from a monthly to a weekly, especially when we consider the difficulties that surround medical journalism at the present time. But our Kansas contemporary apparently has scored a conspicuous success and deserves congratulations thereupon.—*Buffalo Medical and Surgical Journal.*

DR. TURNER ANDERSON, of Louisville, favors the conservative treatment of appendicitis. He says that during an experience of thirty years he has not seen a case that has terminated in suppuration nor terminated in death which was not operated upon.

A New Journal.

The *Southern Medical Review*, Vol. 1, No. 1, is the latest addition to our exchanges—a monthly journal of medicine and surgery edited by N. J. Phenix, M.D., of Houston, Texas. The first number has a very promising appearance and suggests an enterprising and enthusiastic management.

THE FORMS OF DIABETES.—Dr. George Harley gives the following classification of diabetes:

1. Hepatic diabetes—including the gouty variety.

2. Cerebral diabetes—including all cases of saccharine urine arising from nerve derangements.

3. Pancreatic diabetes—the most deadly form of the disease.

4. Hereditary diabetes—a form by no means uncommon, and one, too, where both brothers and sisters may labor under the disease without either their maternal or paternal parent having been affected by diabetes, though more distant members of the family may have suffered from it.

5. Food diabetes—including all forms of saccharine urine arising from the ingestion of unwholesome substance.

In the matter of treatment, besides diet and opium or codeine, Dr. Harley recommends croton chloral, strychnine, phosphoric acid, lor thirst, and an absolute prohibition of alcohol.

THE theory that serum-albumin occurs normally in the urine seems to be very much weakened by the discovery of a substance called nucleo-albumin, which responds to all the delicate tests for albumin and occurs in varying amounts in normal urine.

SATURATE blood stains with kerosene, let stand for a time; wash out with warm water.